## RECEIVED IN CLERK'S OFFICE

## IN THE UNITED STATES DISTRICT COURT

JAN 1 4 2014

FOR THE	DISTRICT OF TENNES	SEE U. S. DISTRICT COUR
	DIVISION	MID. DIST. TENN.
LARRY L. DURRETT Name  Prison Id. NoN/A Name	) filing this lawsuit ) al." Attach addit ) necessary.	tional sheets if
Prison Id. No  Plaintiff(s)	Civil Action No  (To be assigned by office. Do not wri	the Clerk's
V.	) Jury Trial □ Ye	es 🗆 No
See Pg. Name Lawrence County Name Sail Defendant(s)	(List the names of against whom you lawsuit. Do not used additional sheets it	are filing this se "et al." Attach
COMPLAINT FOR VIOLA FILED PURSUANT  I. PREVIOUS LAWSUITS (The following in	TO 42 U.S.C. § 1983	hy each plaintiff )
A. Have you or any of the other plaintif United States District Court for the Mior state court?	fs in this lawsuit filed any oth	ner lawsuits in the
□ Yes ☑ No		
B. If you checked the box marked "Yes"	above, provide the following i	nformation:
1. Parties to the previous lawsuit:		
Plaintiffs		<del></del>
Dafandant		

		2.	In what court did you file the previous lawsuit?N/A
	· 		(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.
		3.	What was the case number of the previous lawsuit?N/A
		4.	What was the Judge's name to whom the case was assigned?N/A
		5.	When did you file the previous lawsuit? $N/A$ (Provide the year, if you do not know the exact date.)
		6.	What was the result of the previous lawsuit? For example, was the case dismissed, appealed, or still pending?N/A
		7.	When was the previous lawsuit decided by the court? (Provide the year, if you do not know the exact date.)
		8.	Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit.
			□ Yes □ No
			(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)
II.			NTIFF'S CURRENT PLACE OF CONFINEMENT (The following information rovided by each plaintiff.)
	A.	What incare	is the name and address of the prison or jail in which you are currently cerated? 240 WEST GAINES St. Lawrence County Jail Lawrence burg TN. 384 Lowrence
	В.		he facts of your lawsuit related to your present confinement?
		Z Y	es 🗆 No
	C.		s of the prison or jail to which the facts of this lawsuit pertain.
D.		Do the	e facts of your lawsuit relate to your confinement in a Tennessee State Prison?
	ν.	□ Ye	
			checked the box marked "No," proceed to question II.H.

	E.	If you checked the box marked "Yes" in question II.D above, have you presented these facts to the prison authorities through the state grievance procedure?
		□ Yes □ No
	F.	If you checked the box marked "Yes" in question II.E above:
		1. What steps did you take?
		2. What was the response of prison authorities?
	G.	If you checked the box marked "No" in question II.E above, explain why not.
	Η.	Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)?
		✓ Yes □ No
	I.	If you checked the box marked "Yes" in question II.H above, have you presented these facts to the authorities who operate the detention facility?
		☑ Yes □ No
•	J.	If you checked the box marked "Yes" in question II.I above:
		1. What steps did you take? AIERTED the Clo and Medical staff as soon as possible
		2. What was the response of the authorities who run the detention facility? <u>CIVEN</u> A TYLONEL AND LEFT IN S CELL UNTICLE  A DOOR OF THE PROPERTY OF THE PROPE
	L.	APPROXIMATEY 27 hours Later, Then got X-RA If you checked the box marked "No" in question II.I above, explain why not.
grie	vance	opies of all grievance related materials including, at a minimum, a copy of the you filed on each issue raised in this complaint, the prison's or jail's response to that e, and the result of any appeal you took from an initial denial of your grievance.
III.	PAR	TIES TO THIS LAWSUIT
	A.	Plaintiff(s) bringing this lawsuit:
		1. Name of the first plaintiff: <u>LARRY LEE DURRETT</u>
		Prison Id. No. of the first plaintiff:N/A

		Address of the first plaintiff: 240 WEST GAINES St.  Lawrence County Jail / Lawrenceburg TN. 38464  (Include the name of the institution and mailing address, including zip code.	
		If you change your address you must notify the Court immediately.)	
	2.	Name of second the plaintiff: N/A	
		Prison Id. No. of the second plaintiff:	
		Address of the second plaintiff:	
		(Include the name of the institution and mailing address, including zip code. If you change your address you must notify the Court immediately.)	
		If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.	
В.	B. Defendant(s) against whom this lawsuit is being brought:		
	1.	Name of the first defendant: SHERIFF J'mmy Brown	
		Place of employment of the first defendant: Lawrence County JAIL 240 WEST GAINES Lawrenceburg TN. 38460	
		The first defendant's address: 240 WEST GAINES St. Lawrencebur	
		Named in official capacity? ✓ Yes ☐ No Named in individual capacity" ✓ Yes ☐ No	
2.	Nan	ne of the second defendant: Lt. DANIEL KELLUM	
		Place of employment of the second defendant: Lawrence County Jail 240 WEST GAINES St. Lawrenceburg TN, 38464	
		The second defendant's address: 240 WEST GAINES St. Lawrenceburg TN, 38464	
		Named in official capacity? Yes □ No Named in individual capacity" □ Yes □ No	
		If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, their place of employment, their address, and the capacity in which you are suing them. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide their proper name, place of employment, and address, the Clerk will be unable to serve them should process issue	

	Plaintiff	Pal
	Larry L. Durrett	RECEIVED IN CLERK'S OFFICE
		JAN 1 4 2014
		U. S. DISTRICT COURT MID. DIST. TENN.
	Defendent(s)	
	Sheriff Jinny Bro	un
·····	Lt Daniel Kellum	
	SG+ Janie Maker	
	Laurence County Jail	Admin.
	Medical Staff	
	Jennifer Elam	
	Jennifer Harris	
	Misty Anderson	:
New Year		

Statement 1-2 Witness Thomas Patrick White Emery Sinclair DESIA Easley

In between 1:30 - 2:00 p.m on DEC. 12, 13 I was going up the steps when the rail pulled off the wall causing me to fall. I notified along with others C/o Brandon Graves and he took me up front to see norse Jennifer Elam. I was given a tylenol and ice and sent back to my cell. I notified c/o Graves an hour later that it hasn't quit hurting and I needed the nurse, His reply was to wait until med pass. So around 4 p.m Misty Anderson (nurse) informed me to wait my turn and then on my turn she said she'd check back an hour later. About 4:56 p.m I showed Brandon Graves (C/O) how dark black it looked and to call the nurse. His reply was he couldn't get a hold of her. 2nd shift 6:05 p.m I asked Juan (c/o) about seeing the nurse or just someone to get my arm checked out. (I was worried and cause I did not cry I felt They didn't care ) It was swelled alot, hurt like a coal Case 1:14fcy-00014 Document 10 Filed 201/14/14 Page 6 of 10 Page 10 #36k e

# Statement 2

around 6:15 p.m I only got to see the nurse (Misty Anderso) because fight that broke out in the (Adam Hunt) was involved. boy who got hurt was seen to by the nurse and as I was watching the nurse stopped by and gave me a tylno and said she thought they would have gotten done earlier. FRI DEC. 13th (DEC. 13th 2013) at 5:35 p.m was taken to get my arm X-rayed I was told nothing and about 3:00 p.m I was sen My injury was neglected as much as my arm hurt the more worried I was. I thought broke how it would have 27 hours before it Monday Dec. 16 8:32 am the rail was fixed. I'm Filed 01/14/14 Page 7 of 10 PageID #: 7

#### IV. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where there they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 ½ in. x 11 in. paper. Write on one side only, and leave a 1 in, margin on all four 4 sides.

P,M	on one side only, and leave a 1 in. margin on all four 4 sides.
1:30-2:00	DEC. 12-13 I fell into the Stairs due to a rail pulling off the wall. I and others notified the C/O Brandon Graves. I was taken up front just to get a tylenol and sent back to my cell. I was hurting constantly and it was only untill 6:15 p.m 2nd shift I was moved to an observation cell and didn't get taken to a doctor not once. DEC. 13.73 I was taken and left for a X-Ray at 5:35 p.m The whole time my arm was dark bruised and I was worried and still today it hurts with a sharp pan. I have a full detail statement wrote, my Injury was neglected and the being done.  I've enclosed a statement  They couldn't make me a copy of my Greivence how ever I still have my original
V.	RELIEF REQUESTED: Specify what relief you are requesting against each defendant.
	A. Medical to take all claims serious  B. Maintence around Jail more often
	c. The neglect (neglect) needs to be corrected. My arm could have been broke they neglected
	E. my injury.
	F. I request a jury trial. □ Yes □ No

□ Yes

F.

I request a jury trial.

### VI. CERTIFICATION

	fy under the penalty of perjury that the foregoing complaint is true to the best of m n, knowledge and belief.	ıy (our)
	Signature: Larry L. Durrett Date: 12/31/13  Prison Id. NoN/A	
	Address: 240 WEST GAINES St. Lawrence burd TN. 38464 (Include the city, state and zip code.)	<del></del>
;	Signature: Date:	
	Prison Id. No.	
	Address:	<del></del>
- (	(Include the city, state and zip code.)	

<u>ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT</u>, and provide the information listed above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN FORMA PAUPERIS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT, THE REQUIRED FILING FEE, OR APPLICATION TO PROCEED IN FORMA PAUPERIS, TOGETHER. Complaints received without the required filing fee or application to proceed in forma pauperis will be returned. Filing fees, or applications to proceed in forma pauperis, received without a complaint will be returned.

LAKKY DURRETT

Lawrence County Sail

240 W. Gaines St.

Lawrenceburg, TN.

38464

CLERK, U.S. DISTRICT COURT

